

Form V. S. 1-3-4M-7-31.

Duplicate for Clerk and Recorder

STATE OF MONTANA
Bureau of Vital Statistics
Standard Certificate of Death

City of Butte

Do not write
in this space

I. PLACE OF DEATH

County **Silver Bow** Registered No. **685**

Township _____ or Village _____ No. **Murray Hospital** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

38141

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long is U. S. if of foreign birth? _____ yrs. _____ mos. _____ days

2. FULL NAME **Elija Daniel Marsh,**

(a) Residence: No. _____ St. _____ Ward. **Sheridan, Montana.**
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **Male** 2. COLOR OR RACE **White** 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the words) **Married**

4. If married, widowed, or divorced
HUSBAND of **Amanda Marsh.**
(or) WIFE of _____

5. DATE OF BIRTH (month, day, and year)
7. AGE: Years **74** Months _____ Days _____ If less than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **5** 11. Total time (years) spent in this occupation **38**

12. BIRTHPLACE (city or town) **Holten, Maine.**
(State or country)

13. NAME **Elija Daniel Marsh,**

14. BIRTHPLACE (city or town) **Holten, Maine.**
(State or country)

15. MAIDEN NAME **N. Lawrence,**

16. BIRTHPLACE (city or town) **Holten, Maine.**
(State or country)

17. INFORMANT **C. W. Marsh,**
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Shipped to--Sheridan, M., Date **11/9**, 19 **31**

19. UNDERTAKER **O. J. Olson,**
(Address) **Sheridan, Montana.**

20. FILED **11/10**, 19 **31**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) **Nov. 9,** 19 **31**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 29,** 19 **31** to **Nov. 9,** 19 **31**
I last saw him alive on **Nov. 9,** 19 **31** at **9:00P** m. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Prostatism-Benign

Contributory causes of importance not related to principal cause:

Prostatectomy

Name of operation **Prostatectomy** Date of **11-9-31**

What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

Physician (Address) **R. F. Peterson,** M.D.
Murray Hospital Clinic Bldg.,
Butte, Montana.